

**Board for Asbestos, Lead and Home Inspectors**  
**LEAD - EDUCATION VERIFICATION APPLICATION**  
**No Fee Required**

**Instructions**

**Section A:** To be completed by the applicant, then forwarded to the college or university for verification. Please enclose a stamped envelope, addressed to the Virginia Board for Asbestos, Lead and Home Inspectors at the address provided above.

**Section B:** To be completed by the institution listed on this application and returned to the applicant or Virginia Board for Asbestos, Lead and Home Inspectors at the address provided above.

**Section A:**

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers\*:

☐ **Social Security Number** and/or

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☐ **Virginia DMV Control Number**

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth \_\_\_\_\_  
MM/DD/YYYY

4. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

5. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

6. Email Address \_\_\_\_\_  
Email address is considered a public record and will be disclosed upon request from a third party.

7. Name of Institution \_\_\_\_\_

8. Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**Section B:**

*Certification*

I hereby certify that the individual named on this application graduated from this school/institution.

Degree \_\_\_\_\_ Major \_\_\_\_\_

Date Degree Received \_\_\_\_\_  
MM/DD/YYYY

Signature \_\_\_\_\_

*Affix official school seal here.*

Official Title \_\_\_\_\_